

<b>United States Bankruptcy Court District of Puerto Rico</b>						<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>CAPARROS, DR. INC.</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>CENTRO DIAGNOSTICO Y TRATAMIENTO DR. CAPARROS, INC.</b>				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>66-0518103</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):													
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>CALLE BETANCES #2 UTUADO, PR</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):													
ZIPCODE <b>00641</b>				ZIPCODE													
County of Residence or of the Principal Place of Business: <b>Uturado</b>				County of Residence or of the Principal Place of Business:													
Mailing Address of Debtor (if different from street address) <b>BOX 5000 PMB 426 CAMUY, PR</b>				Mailing Address of Joint Debtor (if different from street address):													
ZIPCODE <b>00627</b>				ZIPCODE													
Location of Principal Assets of Business Debtor (if different from street address above): <b>CALLE BETANCES #2, UTUADO, PR</b>						ZIPCODE <b>00641</b>											
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____		<b>Nature of Business</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  _____  <b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  _____ <b>Nature of Debts</b> (Check <b>one</b> box.)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.													
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b>  <b>Check one box:</b>  <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b>  <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b>  <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).													
<b>Statistical/Administrative Information</b>  <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>											
Estimated Number of Creditors <table style="width:100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000			<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000						
Estimated Assets <table style="width:100%; border-collapse: collapse;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width:100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>CAPARROS, DR. INC.</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X</b> _____ Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): <b>CAPARROS, DR. INC.</b>
Signatures		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Debtor  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney)  _____ Date	<b>Signature of a Foreign Representative</b> I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ FRANCISCO R. MOYA HUFF</u> Signature of Attorney for Debtor(s) <b>FRANCISCO R. MOYA HUFF 130111</b> Printed Name of Attorney for Debtor(s) <b>Law Firm of Francisco R. Moya Huff</b> Firm Name <b>BANCO POPULAR BLDG., STE 401 206 TETUAN</b> Address <b>SAN JUAN, PR 00901-1802</b>  _____ Telephone Number <b>August 19, 2009</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	<b>Signature of Non-Attorney Petition Preparer</b> I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address   <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:   If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ MARISOL GONZALEZ</u> Signature of Authorized Individual <b>MARISOL GONZALEZ</b> Printed Name of Authorized Individual <b>PRESIDENT</b> Title of Authorized Individual <b>August 19, 2009</b> Date		

CORPORATE RESOLUTION OF  
CENTRO DIAGNOSTICO Y TRATAMIENTO DR. CAPARROS, INC.

I, MARISOL GONZALEZ, President and Secretary of CENTRO DIAGNOSTICO Y TRATAMIENTO DR. CAPARROS, INC., duly elected, qualified and acting President and Secretary of CENTRO DIAGNOSTICO Y TRATAMIENTO DR. CAPARROS, INC., do hereby certify that the following resolutions were duly adopted by the Board of Directors of such corporation on August 18, 2009 and such resolution has not been amended or revoked and is now in full force and effect, to wit:

RESOLVED, that MARISOL GONZALEZ be and hereby is authorized to execute and file a Chapter 11 Petition under Title 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the District of Puerto Rico:

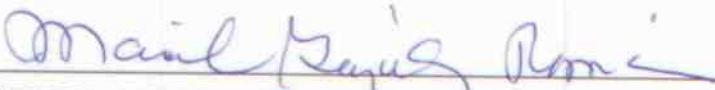
"Further Resolved that MARISOL GONZALEZ be and it hereby is authorized to retain Francisco R. Moya Huff, Esq., to represent it in connection with such proceedings.

"Resolved that the President of CENTRO DIAGNOSTICO Y TRATAMIENTO DR. CAPARROS, INC., is hereby authorized to execute and file on behalf of the Corporation, a petition for relief under Chapter 11 of Title 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the District of Puerto Rico:

Further Resolved, that Attorney Francisco R. Moya Huff, is hereby retained to act on behalf of the Corporation in connection with such proceedings.

Witness my hand and seal of such Corporation on this 19TH day of August, 2009.



  
MARISOL GONZALEZ, PRESIDENT & SECRETARY  
CENTRO DIAGNOSTICO Y TRATAMIENTO  
DR. CAPARROS, INC.

United States Bankruptcy Court  
District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

CAPARROS, DR. INC.

Chapter 11

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
<b>DORAL BANK</b> <b>PO BOX 71529</b> <b>SAN JUAN, PR 00936-8629</b>				<b>1,526,305.78</b> <b>Collateral:</b> <b>0.00</b> <b>Unsecured:</b> <b>1,526,305.78</b>
<b>INTERNAL REVENUE SERVICES</b> <b>City View Plaza 48 Carr.164</b> <b>PHILADELPHIA, PA 19255-0030</b>				<b>309,786.16</b>
<b>ORIENTAL GROUP</b> <b>PO BOX 71578</b> <b>SAN JUAN, PR 00936-8678</b>				<b>85,335.22</b> <b>Collateral:</b> <b>0.00</b> <b>Unsecured:</b> <b>85,335.22</b>
<b>DORAL BANK</b> <b>PO BOX 71529</b> <b>SAN JUAN, PR 00936-8629</b>				<b>80,126.35</b> <b>Collateral:</b> <b>0.00</b> <b>Unsecured:</b> <b>80,126.35</b>
<b>DEPARTAMENTO DE HACIENDA</b> <b>PO BOX 9022501</b> <b>SAN JUAN, PR 00902-2501</b>				<b>79,704.00</b>
<b>DROGUERIA BORSHOW</b> <b>PO BOX 366211</b> <b>SAN JUAN, PR 00936-6211</b>				<b>26,848.72</b>
<b>BANCO POPULAR DE PUERTO RICO</b> <b>PO BOX 15011</b> <b>SAN JUAN, PR 00902-8501</b>				<b>22,250.27</b> <b>Collateral:</b> <b>0.00</b> <b>Unsecured:</b> <b>22,250.27</b>
<b>RELIABLE FINANCIAL</b> <b>BOX 21382</b> <b>SAN JUAN, PR 00928-1382</b>				<b>20,064.00</b> <b>Collateral:</b> <b>0.00</b> <b>Unsecured:</b> <b>20,064.00</b>
<b>DR. WILLIE MALAVE</b> <b>PMB 513 PO BOX 819</b> <b>LARES, PR 00669</b>				<b>20,000.00</b>
<b>BANCO SANTANDER</b> <b>PO BOX 362589</b> <b>SAN JUAN, PR 00936-2589</b>				<b>10,439.88</b> <b>Collateral:</b> <b>0.00</b> <b>Unsecured:</b> <b>10,439.88</b>

BIO IMAGING MEDICAL SERVICES PO BOX 2116 VEGA ALTA, PR 00692	10,181.70
BANCO BILBAO VIZCAYA ARGENTARIA PO BOX 364745 SAN JUAN, PR 00936-4745	9,711.24 Collateral: 0.00 Unsecured: 9,711.24
MORENO COMPUTERS 21 GEORGETTI BARCELONETA, PR	9,137.97
LABORATORIO TOLEDO CALLE PALMA 51 ARECIBO, PR 00612	8,941.98
DEPARTAMENTO DEL TRABAJO Y RECURSOS HUM. EDIF. PRUDENCIO RIVERA MARTINEZ AVE. MUÑOZ RIVERA #505 PISO 21 SAN JUAN, PR 00918	8,462.83
DROGUERIA CENTRAL PO BOX 1366 DORADO, PR 00646	7,032.32
LABORATORIO QUEST AVE.MUÑOZ RIVERA 881 ESQ. AVE. UNIVERSIDAD RIO PIEDRAS, PR 00927	6,414.21
FIA CARD SERVICES PO BOX 15726 WILMINGTON, DE 19986-5726	5,167.54
DR. MANUEL MEDINA PO BOX 1498 VEGA BAJA, PR 00694-1498	5,049.00
RANDOX PO BOX 29029 SAN JUAN, PR 00929-0029	5,016.35

## DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: August 19, 2009 Signature: /s/ MARISOL GONZALEZ

MARISOL GONZALEZ, PRESIDENT

(Print Name and Title)



Document Page 7 of 10  
United States Bankruptcy Court  
District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

CAPARROS, DR. INC.

Chapter 11

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: August 19, 2009

Signature: /s/ MARISOL GONZALEZ

MARISOL GONZALEZ, PRESIDENT

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Debtor, if any

CAPARROS, DR. INC.  
BOX 5000  
PMB 426  
CAMUY, PR 00627

COVIDIEN  
GPO BOX 71416  
SAN JUAN, PR 00936

F. BARAGAÑO, INC,  
PO BOX 364421  
SAN JUAN, PR 00936-4421

Law Firm of Francisco R. Moya Huff  
BANCO POPULAR BLDG., STE 401 206  
TETUAN  
SAN JUAN, PR 00901-1802

CRIM  
C/O ANA R. DAVILA  
PO BOX 195387  
SAN JUAN, PR 00919-5387

FIA CARD SERVICES  
PO BOX 15726  
WILMINGTON, DE 19986-5726

ABBOTT  
PO BOX 71469  
SAN JUAN, PR 00936-1469

DE VICTORIA MEDICAL  
PO BOX 7468  
SAN JUAN, PR 00919-7468

FIRE PROTECTION  
PO BOX 9306 COTTO STATION  
ARECIBO, PR 00613

BANCO BILBAO VIZCAYA ARGENTARIA  
PO BOX 364745  
SAN JUAN, PR 00936-4745

DEPARTAMENTO DE HACIENDA  
PO BOX 9022501  
SAN JUAN, PR 00902-2501

GENTECH BIOMEDICAL INC.  
PO BOX 192438  
SAN JUAN, PR 00919-2438

BANCO POPULAR DE PUERTO RICO  
PO BOX 15011  
SAN JUAN, PR 00902-8501

DEPARTAMENTO DEL TRABAJO Y  
RECURSOS HUM.  
EDIF. PRUDENCIO RIVERA MARTINEZ  
AVE. MUÑOZ RIVERA #505 PISO 21  
SAN JUAN, PR 00918

GLOBAL DOSIMETRY  
FILE 55667  
LOS ANGELES, CA 90074-5667

BANCO SANTANDER  
PO BOX 362589  
SAN JUAN, PR 00936-2589

DORAL BANK  
PO BOX 71529  
SAN JUAN, PR 00936-8629

HENRY SHEIN, INC.  
BOX 371952  
PITTSBURG, PA 15250-7952

BIO IMAGING MEDICAL SERVICES  
PO BOX 2116  
VEGA ALTA, PR 00692

DR. MANUEL MEDINA  
PO BOX 1498  
VEGA BAJA, PR 00694-1498

INTERNAL REVENUE SERVICES  
City View Plaza 48 Carr.164  
PHILADELPHIA, PA 19255-0030

BIONUCLEAR  
PO BOX 190639  
SAN JUAN, PR 00919-0639

DR. WILLIE MALAVE  
PMB 513 PO BOX 819  
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Document Page 10 of 10  
**United States Bankruptcy Court**  
**District of Puerto Rico**

IN RE:

Case No. \_\_\_\_\_

**CAPARROS, DR. INC.**Chapter **11**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **10,000.00**

Prior to the filing of this statement I have received ..... \$ **10,000.00**

Balance Due ..... \$ \_\_\_\_\_

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**AN APPLICATION FOR COMPENSATION AND REIMBURSEMENT OF NECESSARY COSTS AND EXPENSES WILL BE FILED WITH THE BANKRUPTCY COURT FOR ITS APPROVAL AFTER THE ABOVE AMOUNT RECEIVED IS APPLIED TO THE BILL FOR PROFESSIONAL SERVICES.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 19, 2009**

Date

**/s/ FRANCISCO R. MOYA HUFF**

Signature of Attorney

**Law Firm of Francisco R. Moya Huff**

Name of Law Firm